PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This for appropriate. All further con indicated unless corrected b maintenance fee notification	espondence including the Pre- clow or directed otherwise i	mitting the ISSU stent, advance or n Block 1, by (a)	E FEE and PUB ders and notificat) specifying a nev	on of maintenance fee v correspondence addre	s will be maile ess; and/or (b)	d to the current indicating a sep	f correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23696 759	03/20/2006		Certificate of Malling or Transmission				
QUALCOMM, INC 5775 MOREHOUSE DR. SAN DIEGO, CA 92121				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				Tami M.	Procopi	ñ	(Depositor's rance)
			berninken mannen in		144 27	<u> </u>	(Signature)
					006	ii idhii idaa ii idaa ii ii i	(Oste)
APPLICATION NO. FILING DATE.			FIRST NAMED INVENTOR			7 DOCKET NO.	CONFIRMATION NO
10/620,754	07/15/2003		Tracy Zetko-W	hite	.0	20768	8998
APPLN. TYPE			SE SE	PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	NO.	\$1400	ι. 	\$300		11700	06/20/2006
EXAMINER		ARTUNIT		CLASS-SUBCLASS			
KHUU, HIEN DIEU THI 28				702-082000			
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate	e address or indication of "Fed ence address (or Change of C (22) attached. ion (or "Fee Address" Indicator more recent) attached. Use	orrespondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON T	HE PATENT (pri	nt or type)	••••••	<u> </u>	
PLEASE NOTE: Unless recordation as set forth in	an assigned is identified bel 37 CFR 3.11. Completion o		data will appear of a substitute for f	m the patent. If an assiling an assignment.			document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
QUALCOMM INC. San Diego, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
2 Publication Fee (No small entity discount permitted)				credit card. Form PTO-2038 is attached.			
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 17-0026 (enclose an extra copy of this form).						
	(from status indicated above) MALL ENTITY status, See 3			s no longer claiming SA			
							eation identified above, the assignee or other party in
	Jaly 1.00						
Typed or printed name Robert J. O. Connell				Registratio	on No. 44	, 265	
This collection of informatic an application. Confidential submitting the completed ap	on is required by 37 CFR 1.31 ity is governed by 35 U.S.C. optication form to the USPTC	1. The information 122 and 37 CFR). Time will vary	on is required to ob 1.14. This collecti depending upon	otain or retain a benefit on is estimated to take the individual case. An	by the public w 12 minutes to o y comments on	hich is to file (ar complete, includi the amount of t	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.